



**SUPPLEMENTAL "LARGE CONTRIBUTION"
REPORT BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R / 11-99)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1999

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

TWO

COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name Douglas G. Carter		2. Committee telephone number (317) 984-7578	
3. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO Box 1745			
4. City, state, ZIP code Noblesville IN 46061		5. Party affiliation or if independent Republican	
6. Office sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Sheriff		7. County of residence Hamilton	
8. Reporting period: From: January 1, 2002 Through: April 12, 2002 Supplemental Report April 23, 2002			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	CONVENTION CANDIDATE AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. CORP	Richard M. Kiser, Ltd. 1939 Madison Court Carmel IN 46032 Contributor's Occupation (if applicable):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00	BAW 4/22/02 7:00PM
Classification 2. CORP	Bures Insurance, Inc. 1621 Greyhound Pass Carmel IN 46032 Contributor's Occupation (if applicable):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00	DGC 4/22/02 6:30PM
Classification 3. NONE	TELLISS LLC 10142 Brooks School Road Fishers IN 46038 Contributor's Occupation (if applicable):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,500.00	BAW 4/22/02 7:00PM

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

CLERK, HAMILTON COUNTY COURTS

James D. Davis

2002 APR 24 AM 10:53

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).



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COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) ☐ Check if this is a new name

Douglas G. Carter

2. Committee telephone number

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3. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

4. City, state, ZIP code

5. Party affiliation or if independent

6. Office sought (Include district number, if any. Not required for exploratory committee.)

7. County of residence

8. Reporting period:

From:

Through:

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	CONVENTION CANDIDATE AMOUNT OF CONTRIBUTION	RECEIVED RECEIVED BY
Classification 1. INDV Anita C. Inlow 75 Executive Drive, Suite C Carmel IN 46032 Contributor's Occupation (if applicable) Personal Investments	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$5,000.00	DGC 4/22/02 7:30PM
Classification 2. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification 3. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Signature of Candidate (if applicable)

Date

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